



U.S. Department of Veterans Affairs  
Veterans Health Administration

# *Supportive Services for Veteran Families (SSVF)*

## *National Webinar*

### *November 17, 2016*



# *Webinar Format*

- **This is a recorded webinar. Questions can be submitted anytime to [SSVF@va.gov](mailto:ssvf@va.gov)**



# *Presenters & Agenda*

- **Welcome & Introductions**
  - John Kuhn, National Director, SSVF
- **FY 17 Monitoring Plan and Review**
  - Jill Albanese, SSVF Quality Supervisor
  - Lindsay Hill, SSVF Project Coordinator
  - Rico Aiello, SSVF Compliance Project Coordinator
- **FY 16 Consumer Satisfaction Survey Results**
  - Rico Aiello, SSVF Compliance Project Coordinator



# *FY 17 Monitoring Plan and UMP Review*



# *Learning Goals*

**Review the purpose of and how to prepare for a monitoring visit.**

**Learn of the key changes in the FY 17 UMP and the monitoring process.**

**Learn of tips for preparing for your site visit**



## *FY17 Intensive & 2 Day Visit Scope*

- **2 Day Visits Focus to include**
  - Fiscal Focus (Section G Supplement)
  - Subcontractor Management
  - Grantee Program Management
  - Priority 1 Grantee Drawdown/Spending

**Grantees will be notified in advance of the type of 2 day visit to be scheduled**



## *FY17 UMP Focus*

- 1. Review of FY16 UMP**
- 2. Review of FY16 CAP if applicable**
- 3. Identify Repeat findings**
- 4. Document repeat findings in UMP**
- 5. Review results with grantee**
- 6. GIFTS documentation**



# *Compliance Requirements*

Grantees are responsible for operating programs in accordance with their grant agreements, which require compliance with the following:

- 1. Final Rule**
- 2. Notice of Funding Availability (NOFA)**
- 3. Applicable OMB Circulars**
- 4. Agency application, as approved by SSVF Program Office**





## *Purpose of Monitoring Visit*

**Purpose - determine whether the grantee's performance meets SSVF program requirements and can improve grantee performance by providing guidance and making recommendations.**



# *Monitoring Process*

1. Notification Email
2. Entrance Conference
3. Program Review/Documentation  
Review and Staff Interviews
4. Exit Conference
5. Follow-up Results Letter (GIFTS)



# *Findings and Concerns*

## Findings

- Deficiencies are identified and **corrective action** is required
  - Corrective action identifies actions needed to resolve the issue
  - Corrective action will include time frame by which grantee is to respond to finding

## Concerns

- Will be brought to grantees attention, recommended action discussed



# ***SECTION B: OVERALL MANAGEMENT SYSTEMS/STRUCTURE***



## *Section B: Overall Management Systems/Structure*

- **Question B3 -**

- Question has been revised – is the grantee participating in the local community's coordinated entry process? In communities where coordinated entry does not exist does the grantee have written policies and procedures that describe how admissions will be prioritized and who is responsible for admission decisions?
- Sources – community plan submission, evidence of participation in coordinated entry, policy manual



# ***SECTION D: OUTREACH AND TARGETING***



## *Section D: Outreach and Targeting*

- **Question D5:**

- Question has been revised – Does the grantee receive referrals through the community's coordinated entry process? In communities where coordinated entry does not exist does the grantee conduct and engage in outreach activities with private organizations, state agencies, local government agencies, and other providers in the community?



# ***SECTION E: PARTICIPANT ELIGIBILITY***





## *Section E: Participant Eligibility*

- **Question E2 Ineligible Households**
  - Added language about grievance policy
    - Sources- review of grievance policy in policy manual, evidence of grievance procedures posted or provided to participants



## *Section E: Participant Eligibility*

- **Question E5 HUD-VASH GPD**
  - Added language
  - Are more than 30% of the grantee's referrals coming from HUD-VASH or GPD? Please indicate in the notes section whether referrals from HUD-VASH/GPD are in conjunction with community planning/coordinated entry efforts.



## *Section E: Participant Eligibility*

- **Question E8 Housing Status**
  - Added language
  - Do the files reviewed adequately document the participants housing status as either literally homeless or at risk of literal homelessness at program entry? Do prevention files contain an eligibility screener?



# ***SECTION F: SUPPORTIVE SERVICES AND CASE MANAGEMENT***



## *Section E: Supportive Services and Case Management*

### **Question F10**

- Do the files demonstrate that the grantee is assisting clients with their housing search? Note: previous question HMIS data entry moved to section I

### **Question F11**

- Do the files reviewed adequately document that grantees conduct habitability inspection on units for veterans receiving financial assistance AND moving into a new housing unit?



# ***SECTION G: FINANCIAL OVERSIGHT AND COST ALLOWABILITY***



## *Section G: Financial Oversight & Cost Allowability*

### **Question G2**

- Do the files reviewed adequately document that grantees ensure that all temporary financial assistance payments are provided to third parties? Does the grantee verify that payments are made to legitimate third party vendors?

### **Question G7**

- Does the grantee identify, track and account for all costs (including administrative costs) charged to the SSVF grant?



## *Section G: Financial Oversight & Cost Allowability*

### **Question G8**

- Are charges to SSVF for salaries and wages based on payroll documentation and approved by a responsible official of the organization being monitored?

### **Question G9**

- Are charges to SSVF for salaries and wages supported by records that accurately reflect the work performed?





# *Admin Costs*

- The costs should be placed in the Administrative section of the budget.
- Having a detailed breakout assists with auditing and oversight. Should your agency be audited by the FSC you will need to provide detail of the 10% administration charges to the SSVF program.
- These costs need to be compliant with SSVF rules and regulations.
- Indirect cost rates are not acceptable.



# *Admin Costs*

## Scenario 2

**A grantee knows that they can draw down only 10% of their total grant for admin. At the beginning of the year they know that 10% of their grant is \$60,000. For that reason they took  $\$60,000/12 = \$5000$  and they draw down \$5000 each month for admin. They do not keep back up documentation for the 10% because they stated that they actually spend way more than \$5,000 per month on admin costs. They described verbally the type of expenses paid for with that 10%. Is this an acceptable practice?**

## Answer

**They need to provide some level of detail to support the 10% administration draw. Having a detailed breakout assists with auditing and oversight. Should you agency be audited by the FSC you will need to provide a detail of the 10% administration charges to the SSVF program. These costs need to be compliant with SSVF rules and regulations.**



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# ***SECTION I: DATA MANAGEMENT AND QUALITY ASSURANCE***

**New Section for FY2017**



# *Data Management and Quality Assurance*

## **Purpose of this Section:**

- Ensure grantees have established data quality protocols.
- Ensure Repository uploads are completed and information is provided to CoC(s).
- File-HMIS record audits to ensure key data elements are captured.
- Section will be enhanced in future versions of the UMP.



# *Data Management and Quality Assurance*

## **I1: Data Quality Plan**

- Does the grantee maintain a comprehensive data quality plan as published in the FY2016 VA Data Guide to ensure completeness, timeliness, accuracy of HMIS data

## **I2: Does the Data Quality Plan Staff**

- Does the Data Quality Plan specifically detail staff responsibility including: timelines for data entry and HMIS Repository uploads, and ongoing quality assurance procedures?



# *Data Management and Quality Assurance*

## **I3: HMIS Upload**

- Does the grantee successfully upload all client information into the SSVF HMIS Repository on a monthly basis?

## **I4: Continuum of Care**

- Is the grantee entering or exporting data to all CoCs served



# *Data Management and Quality Assurance*

## **I5: Data Accuracy and Completeness**

- Is the client file data accurately entered into the grantee's HMIS system? Data entered should include the following data elements and match client file information provided:
  - Valid CoC Codes\*
  - Valid VAMC Station Code(s)\*
  - Valid Veteran SSN\*
  - Residential move-in date\*
  - Head of Household designation\*
  - Prevention Screener/Threshold Score (if applicable)\*
  - TFA Payment Amounts
  - Services Provided
  - Entry/Exit Dates & Destination\*



# *Data Management and Quality Assurance*

## **I6: TFA Data Entry**

- Is TFA information captured in the HMIS data? Do HMIS TFA amounts reconcile with the client file documentation and/or HHS drawdowns?





# *Preparing for Monitoring Visit*

**Review compliance requirements**

**Self-monitor**

**Uniform Monitoring Package (UMP) (attached)**

**Review most recent UMP report**

**Develop your own internal monitoring review  
process**



## *Tips for preparing for your monitoring site visit*

- **Review latest UMP on SSVF Website with staff and subcontractors**
- **Review and update internal policies and procedures**
- **Review and update internal data quality plans**
- **Keep documents organized (i.e. community meeting minutes, staff training)**



## *Tips for preparing for your monitoring site visit*

- **Review FY 16 UMP results**
- **Reduce chances of repeat findings**
- **Review program files for completeness, consistency**
- **Document referrals to VA and mainstream resources**
- **Implement a system to track and document re-certifications every 3 months**



## *Tips for preparing for your monitoring site visit*

- **Send all requested documents to monitor by deadline**
- **Keep back up documentation for each drawdown**
- **Pull HHS back up documentation as soon as possible rather than waiting**
- **Communicate monitoring expectations to financial management staff**
- **Complete survey after receiving UMP results**



# *Grantee Resources*

## **SSVF University**

[http://www.va.gov/homeless/ssvf/index.asp?page=/official\\_guide/reporting\\_and\\_monitoring\\_requirements](http://www.va.gov/homeless/ssvf/index.asp?page=/official_guide/reporting_and_monitoring_requirements)

- Monitoring and Documentation Standards Webinar
- Uniform Monitoring Procedure (UMP)
- SSVF Information Security Assessment
- Audit Guidelines, Fraud Prevention, Reporting and Compliance
- Regional Coordinator
- SSVF Compliance Office
- Other SSVF Grantees



# *Questions*



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# *FY 16 Consumer Satisfaction Survey Results*



## *Why is this Important?*

- Information provided from Veterans helps sustain a continuous improvement process to better serve our Veterans and their families.
- Participation is essential to assess Veteran perceptions of services received, to help determine potential actions to increase Veteran satisfaction and to reduce operational burden.
- Requirement under SSVF final rule





## *Data review*

- **Served by SSVF Grantees during the period from March 21, 2016 to September 30, 2016.**
  - **19,941 registered Veterans**
  - **2,766 completed surveys**
  - **13.8% completed survey rate**



**Q1: How would you rate the quality of the services you have received from this supportive services provider?**

**71% satisfaction rating (above average or excellent)**



**Q2 - If another Veteran or a friend were in  
need of similar help, would you  
recommend this supportive services  
provider to him or her?**

**88.6 % satisfaction rating (above average or  
excellent)**



**Q3 - How satisfied are you with the services  
you have received from this supportive  
services provider?**

**78.3 % satisfaction rating (above average or  
excellent)**

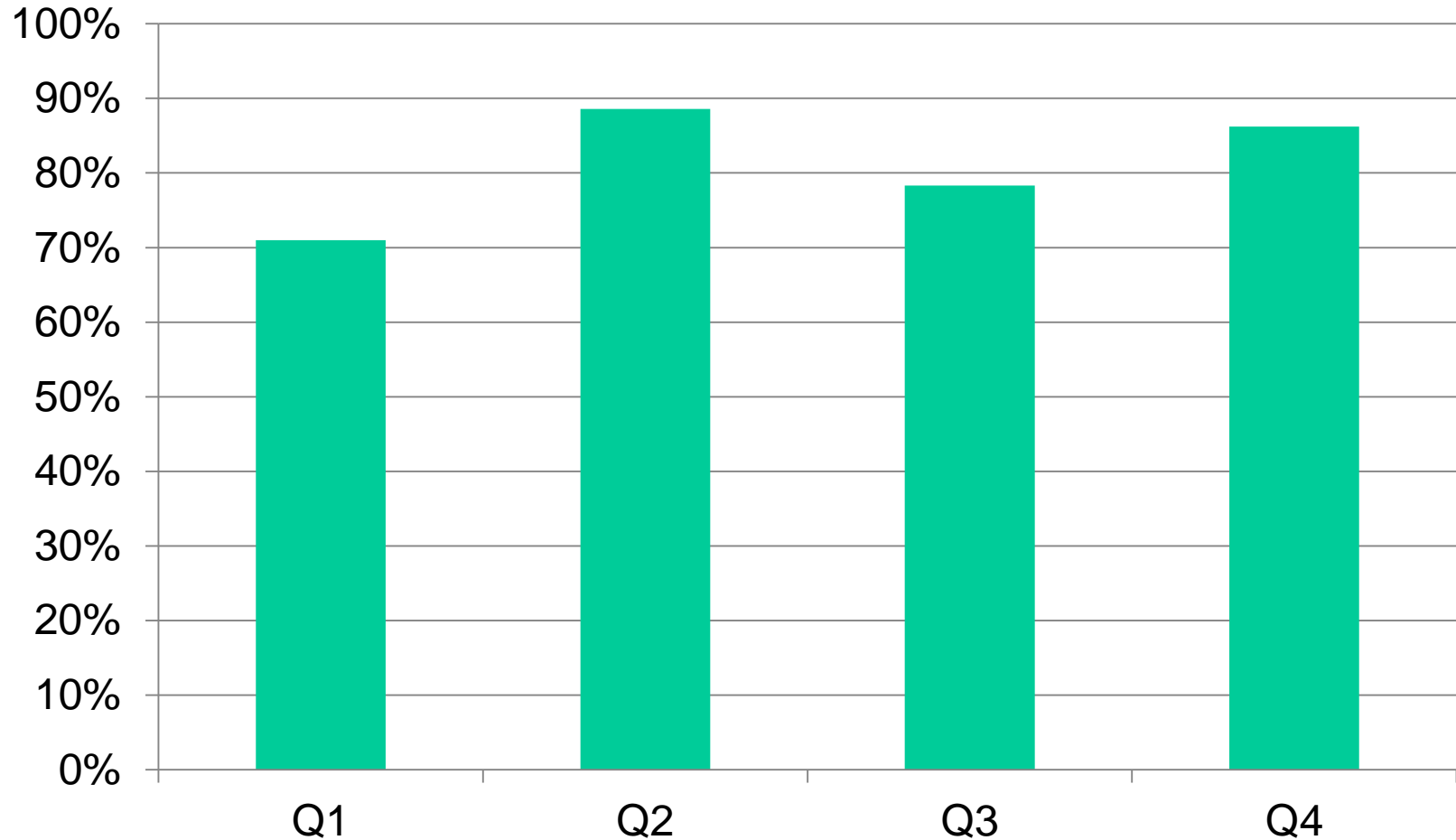


**Q4 - If you needed help again and had a choice of where to go at no cost to you, would you return to this supportive services provider?**

**86.2 % satisfaction rating (above average or excellent)**



## Satisfaction Above Avg or Excellent





## *Impact of receiving needed services*

**Veterans who needed services and then  
received the services**

**Up to 17.5% higher in satisfaction than the  
average of 71%.**



# *Impact of not receiving needed services*

**Respondents who needed services and did not receive the services**

**From 18.8% to 50.6% lower in satisfaction than the average of 71%.**





## *Conclusion*

**If a respondent needs a service and receives it, overall he/she is more satisfied with the program as a whole.**

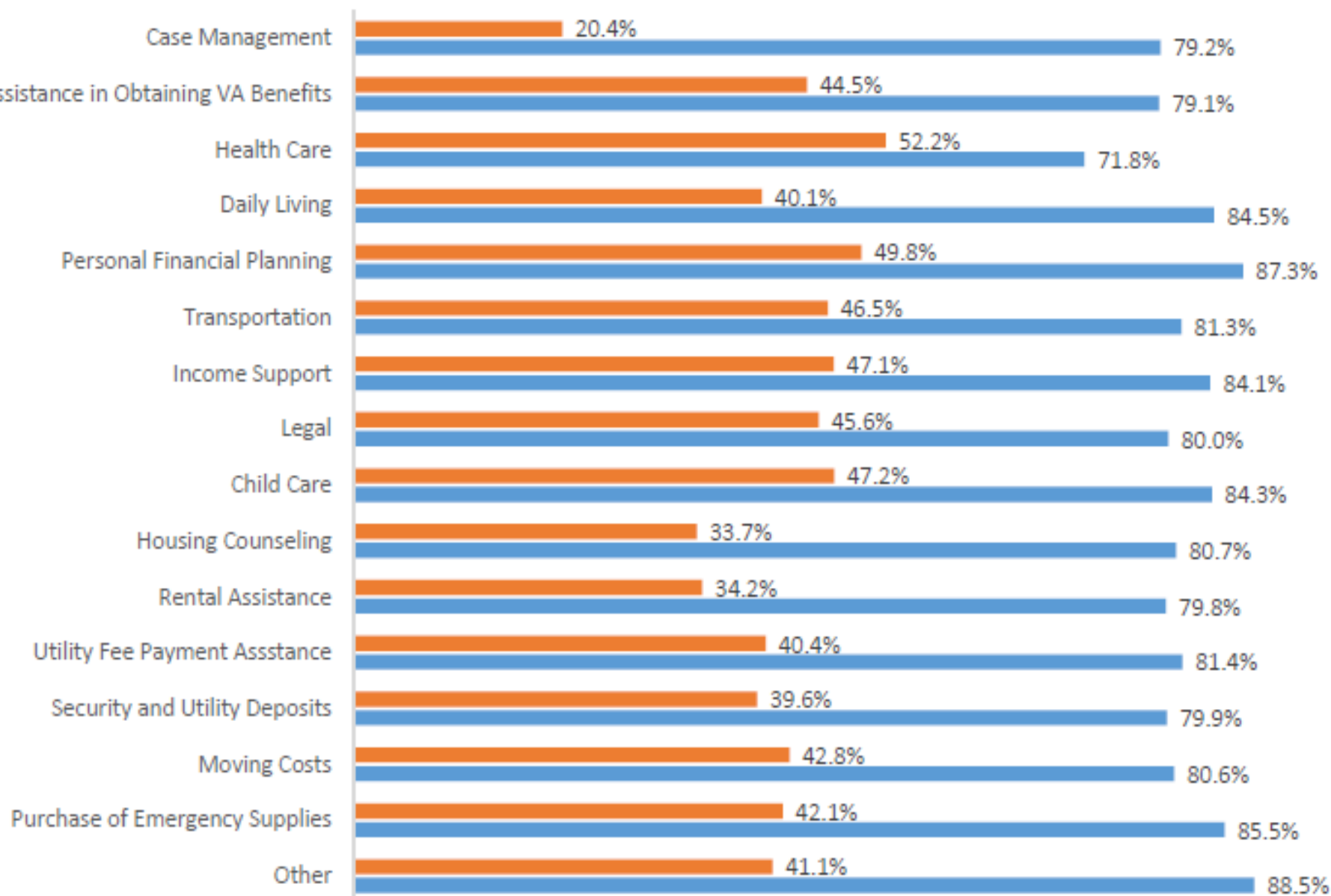


*Q7. Is there any other feedback about the supportive services provider that you wish to provide to the VA?*

- **416 respondents who had a positive comment about caseworker/staff 94.5% above average or excellent.**
- **106 who had a negative comment about caseworker/staff 18.9% rated overall satisfaction as above average or excellent.**

## Percentage Above Average or Excellent in Q1

■ Needed and Not Received   ■ Needed and Received





## *Next Steps*

- **Thoughtful review of grantee report for average and below average response rates**
  - **Share and discuss report with entire staff**
  - **Promote results as continuous improvement**
- **Careful read of the Question 7 for any consistent themes**
- **Understand what was the basis of Veterans' satisfaction with their services**



## *Next Steps cont.*

- **Continue training staff on registering Veterans**
- **Register, register register!**
- **Goal is 100% of participants are registered**
- **Phone Survey (1-800#) Process Webinar December 14, 2016**
- **Phone Survey rollout January 1, 2017**



# *Questions?*

- [ssvf@va.gov](mailto:ssvf@va.gov)
- 1-877-737-0111 (issues with the registration link)
- Regional Coordinator

## **Resources available on SSVF website**

- Webinar slides, copy of survey
- <http://www.va.gov/homeless/ssvf/index.asp>